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|--|---|-----------|
| CERTIFICATE OF   | FACSIMILE TRANSMISSION  |           |
| HEREBY CERTI<br>AMENDMENT FO<br>AND TRADEMAK                   | Y THAT THE ATTACHED RCE TRANSMITTAL WITH ACCOMPANYING REXAMINER TRI H. PHAN IS BEING FACSIMILE TRANSMITTED TO THE PATENT K OFFICE (PHONE NO. (703) 872-9306) ON THE DATE SHOWN BELOW.  Judy Hambie HUDY WIGMORE |           |
| DATE: APRIL 6,   |   |           |
|  | PATENT APPLICATIO<br>Attorney's Do. No. 2705-1  | )N<br>19  |
|  | N THE UNITED STATES PATENT AND TRADEMARK OFFICE   |           |
| In re patent app   | lication of: Shmuel Shaffer, Joseph F. Khouri, Michael E. Knappe, and John F. Wakerly   |           |
| Serial No.   | 09/702,196  |           |
|  | October 30, 2000  |           |
| ~~ * * * *   | DDS, DEVICES AND SOFTWARE FOR REDUNDANT TRANSMISSION ICE DATA OVER A PACKET NETWORK CONNECTION LISHED ACCORDING TO AN UNRELIABLE COMMUNICATION ICOL   | N         |
| Examiner:  | Oanh L. Duong   |           |
| Group Art Un   |   |           |
| REQUEST  | FOR CONTINUED EXAMINATION (RCE) TRANSMITT.  | <b>AL</b> |
| MAIL STOP R<br>Commissioner<br>P.O. Box 1450<br>Alexandria, VA | or Patents  |           |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 CF.R. § 1.114

| a. | ☐ Pre | viously submitted:   |           |  |  |  |  |
|----|-------|--|-----------|--|--|--|--|
|    |       | Consider the amendment(s) reply under 37 C.F.R. \$1.716 previously stilled |           |  |  |  |  |
|    |       | 0E FC:1251   | 790.00 nm |  |  |  |  |
|    |       | Consider the arguments in the Appeal Brief or Reply Brief previously filed | 120.09 Op |  |  |  |  |
|    |       | on   |           |  |  |  |  |
|    |       | Other:   |           |  |  |  |  |

|   | ь. 🖂   | Enclosed is:                             |                            |                    |       |      |             |                   |  |  |  |  |
|---|--|--|----------------------------|--------------------|-------|------|-------------|-------------------|--|--|--|--|
|   |  |  |                            |                    |       |      |             |                   |  |  |  |  |
|   |  | Affidavit(s)/Declaration(s)              |                            |                    |       |      |             |                   |  |  |  |  |
|   |  | ☐ Information Disclosure Statement (IDS) |                            |                    |       |      |             |                   |  |  |  |  |
|   |  | Other                                    |                            |                    |       |      |             |                   |  |  |  |  |
| 2.  | Miscel   | laneous                                  |                            |                    |       |      |             |                   |  |  |  |  |
|   | Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required). |  |                            |                    |       |      |             |                   |  |  |  |  |
|   |  | Other:                                   |                            |                    |       |      |             |                   |  |  |  |  |
| 3. Fees: (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed) |  |  |                            |                    |       |      |             |                   |  |  |  |  |
| RCE fee required under 37 C.F.R. § 1.17(e)  |  |  |                            |                    |       |      |             |                   |  |  |  |  |
|   |  | ☐ \$395 s<br>⊠ \$790 l                   | mall entity<br>arge entity |                    |       |      |             |                   |  |  |  |  |
| (Large entity) CLAIMS AS AMENDED  |  |  |                            |                    |       |      |             |                   |  |  |  |  |
| For:  |  |  | Number After               | Previous<br>Number | Extra | Rate | <del></del> | Additional<br>Fee |  |  |  |  |
|   |  |  | Amendment 62               | -62*               |       | x    | \$50 =      | \$ 0              |  |  |  |  |
| Total Clai  | ms   |  |                            | l.                 | 1     | 1    |             | 1                 |  |  |  |  |
|   |  | ms                                       | 4                          | -4**               |       | x    | \$200 =     | \$ 0              |  |  |  |  |
| Independe   | ent Clai   | ms<br>ONAL FEE<br>NDMENT                 | 4                          | _4**               |       | x    | \$200 =     | \$ 0              |  |  |  |  |

Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.

Total of hum

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